



State of New Hampshire

2008 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2008

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/30/2008

Business ID: 562576

William M. Gardner

Secretary of State

CHUCKSTER'S LLC

9 BAILEY ROAD

CHICHESTER, NH 03258

ADDRESS OF PRINCIPAL OFFICE:

9 BAILEY ROAD

CHICHESTER, NH 03258

REGISTERED AGENT AND OFFICE:

LEBERMAN, PETER W, ESQ

SHEEHAN PHINNEY BASS & GREEN, 2 EAGLE SQUARE
CONCORD, NH 03301

ENTITY TYPE: LLC

BUSINESS ID: 562576

STATE OF DOMICILE: NEW HAMPSHIRE

FAMILY ENTERTAINMENT CENTER-MINI GOLF, ICE CREAM,
BATTING CAGES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Mark Blasko

STREET 74 Curtisville Road

CITY/STATE/ZIP Concord Nh 03301

MEMB. Charles Breton

STREET 6 Irving Drive

CITY/STATE/ZIP Concord Nh 03301

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Mark Blasko

Please print name and title of signer:

Mark Blasko

/

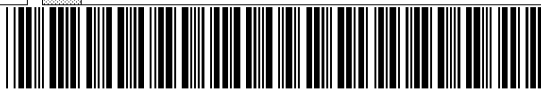
MEMBER

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



056257620081507

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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